

CLAIMS ONLY.

Application Number

„Filling“ Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 9/11/19		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
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48						
49						
50						
Total Indep.	3					
Total Depend.	6					
Total Claims	9					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep.						
Total Depend.						
Total Claims						